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diagrams he demonstrates the centres involved in speech and their connections, discusses the possible lesions of both and the resulting language symptoms, and finally makes such connections as are at present possible between the diagrams and actual brain structure. In his presentation he generally follows Wernicke.

Verhalten der musikalischen Ausdrucksbewegungen und des musikalischen Verständnisses bei Aphasischen. H. OPPENHEIM, in the *Charité Annalen*, XIII Jahrg. 1888; reviewed in *Neurol. Centralbl.* No. 18, Sept. 15, 1888.

In 16 cases of aphasia the author found 11 in which the ability to sing and to understand melodies remained, in spite of a more or less complete loss of active speech and, in most, of the understanding of spoken words. A careful analysis of the cases, however, revealed that almost every one retained the language of emotion, and to some extent mechanical automatic speech. By the presence of these the author explains the preservation of the musical capacity. The other 5 cases were not worse than some among the 11; they nevertheless showed loss of musical understanding, though two at least were known to have been able to sing. The difference of the groups leads the author to the conclusion that musical capacity may perhaps be located in a distinct area of the left hemisphere. In support, by analogy, he recalls a case observed by himself in which the memory images of numbers were destroyed by disease in the right hemisphere without disturbance of speech.

Ein Fall von Alexie mit rechtsseitiger homonymer Hemianopsie ("subcortical Alexie," Wernicke). Drs. L. BRUNS and B. STÖLTING. *Neurol. Centralbl.* No. 17, 1888.

The patient, a man 51 years old, had an apoplectic attack, with disturbance of vision and right paraesthesia, but without definite paralysis. He showed a little difficulty in naming objects, occasionally was unable to do so, was a little paraphasic, and for a few days somewhat disturbed mentally. About a month after the attack he was carefully examined by the writers. His vision was found right hemianopic; he was a little awkward in the finer movements of the fingers of his right hand. There were transient signs of psychic blindness, scarcely noticeable paraphasia, and possibly slight weakening of mind. But he still had difficulty in naming objects. Occasionally he could recall their names after touching them, but sometimes had to resort to circumlocution. He could easily repeat the names when given them, or point to the object when he heard the name. He could read short words and letters at first, but later could not do so, though he could find a given letter among a few others when told to do so. He could read script letters, with a few exceptions, and, somewhat bunglingly, short written words, and could copy script. He also knew the Arabic figures, but in naming them and the script letters he was seen a number of times to make motions of writing; when his hand was put through such motions by some one else, he recognized the letters and words written, but the same failed when the forms of printed letters were followed. He could write from dictation or spontaneously, but could not after a few minutes read what he had written. In brief, the case is one of hemianopsia with almost pure alexia, the little power of reading that remained depending on the associated movements of writing.

After presenting their case, the authors discuss the kind of lesion that should correspond with such a set of symptoms. They assume for the discussion generally accepted tentative schemata, and, on the authority of Wilbrand and Wernicke, the principle that optical images, including those of words and letters, are preserved in duplicate in the right and left optical centres. It is interesting, without going further into the discussion, to remark that the preservation of the names of objects, while those of printed letters and words are lost, depends on the association of other sensations with that of sight in the case of the objects. The sight of the object calls up the associated sensations—for example, touch sensations among the rest, or they are directly excited by handling the object. The connection between the touch centre and that of speech is uninjured, and makes possible the giving of the name. The image of the printed letter or word, on the contrary, has no other associations (or almost none), and so when the direct connection between the optical and speech centres is broken there is no byway by which the latter can be reached. Written letters and words have an advantage in associated motor sensations, and by means of them, as in the case of this patient, the spoken equivalent may be reached.

Acrophobia. Dr. ANDREA VERGA. Translated in Am. Jour. Insanity, October, 1888.

In this paper, read somewhat over a year ago at the congress of alienists at Pavia, the author makes confession of his own extreme dread of high places. Though fearless of the contagion of cholera, he has palpitations on mounting a step-ladder, finds it unpleasant to ride on the top of a coach or to look out of even a first-story window, and has never used an elevator. Merely thinking of those that have cast themselves from high places sets him tingling in the calves of his legs, his heels and the soles of his feet, or in his neck. He even experiences physical discomfort at the thought of the earth spinning through space and the imaginary possibility of the centrifugal overbalancing the centripetal force. He finds this fear growing upon him with years, as sight and hearing and the courage that they give begin to fail; even the small feats of walking in high places that were once possible to him he can no longer perform. The translator of the article also confesses the same fear. In his case the special dread that he feels on seeing a child near an open window has been given a peculiar force by the fatal fall from a window of the child of a friend. There are no doubt many other cases where the feeling has been caused or intensified by such shocking experiences.

A Rare Form of Mental Disease (Grübelsucht). CONOLLY NORMAN. Journal of Mental Science, October, 1888.

As the name of this disease signifies, the sufferer from it torments himself with endless questionings and needless investigations. The case here related was that of a married woman, thirty-two years old, who had been prepared for disease by excessive child-bearing and nursing in unfavorable circumstances. The trouble began in feelings of suffocation on waking, and the fear that if she did not rise at once the walls would fall in, she should go crazy, or something else dreadful would happen. After a time she began to feel compelled to examine any bit of straw or paper or glass that she